San Antonio Healthy Start
¡Vamos juntos! To a bright tomorrow

SAN ANTONIO METROPOLITAN HEALTH DISTRICT
Case Management Services – Referral Form

Referral Date: _____

Referring Agency/Clinic: _____

Address: _____ Phone: _____

Referred by: _____ (MD, RN, SW, etc) Fax: _____

Patient's Name: _____ DOB: _____

Address: _____

City/Zip: _____ Phone: _____

Insurance or Medicaid Provider: _____ Medicaid #_____

Language Preference: ☐ English ☐ Spanish
Alternate Contact: _____ Relationship: _____ Phone: _____

Address: _____ City/Zip: _____

Due Date: _____ receiving prenatal care? ☐ Yes ☐ No Where?: _____

Number of pregnancies: _____ Number of living children: _____

If patient is not pregnant now, what is the age of her youngest child? _____

Reason for referral _____

_____

MATERNAL & INFANT RISK FACTORS

- ☐ Teen Mom < 16 or AMA >35
- ☐ Gestational Diabetes
- ☐ Anemia
- ☐ Malnutrition/Severe Weight Loss or Gain
- ☐ Multiple Gestation
- ☐ Intrauterine Growth Retardation
- ☐ Eclampsia/Pre -Eclampsia
- ☐ Metabolic Disorder
- ☐ Prior Low Birth Weight/Current Lo w Birth Weight <5.5 lbs
- ☐ Failure to Thrive
- ☐ Fetal Demise Stillbirth/History of Neonatal Death
- ☐ Late or No Prenatal Care
- ☐ Close Interval Pregnancies (2 births within 18 months)
- ☐ Mental or Physical Handicap
- ☐ Hx of Mental Illness/Depression/ Suicide
- ☐ Current Suicidal Ideation
- ☐ Current Prenatal/Postpartum Depression
- ☐ Active Psychosis
- ☐ Physical, Emotional or Sexual Abuse or Neglect
- ☐ Substance Abuse (Drugs/Alcohol)
- ☐ Fetal Drug Exposure
- ☐ Runaway/Homeless
- ☐ HIV/STDs
- ☐ ***No Medical Insurance***
- ☐ ***No Medical Home***
- ☐ ***Abnormal Newborn Screen***
- ☐ ***Parenting Education***
- ☐ ***Lead Level >19***
- ☐ ***Non-compliant w/appointments***
- ☐ ***Bonding Concerns***
- ☐ ***Prenatal Knowledge Deficit***
- ☐ ***Breastfeeding Support***
- ☐ ***Nutritional Needs/Nutritional Knowledge Deficit***
- ☐ ***Other: _____***

SAMHD use only: Date assigned:_____ Case Manager/RN/COA :_____
Result of referral: ☐ Enrolled ☐ Declined ☐ Ineligible ☐ Unable to locate

METRO HEALTH
SAN ANTONIO'S PUBLIC HEALTH TEAM

San Antonio Metropolitan Health District - Healthy Start
1325 N. Flores #104, San Antonio, TX 78212 ph: (210) 299-5035 fax: (210) 299-5051

Census Tract: _____ Zip Code: _____ Title V Y/N _____ rev 3/7/03